PEGEIVED CENTRAL FAX CENTER

NO. 883 P. 5

DEC 1 2 2005

PTO/SB/22 (12-04)

Approved for use through 7/31/2008, OMB 0851-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 | | | Docket Number (Optional) 4299-0122P | |
|--|---|--|-------------------------------------|---|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/791,819-Conf. #3661 | | | Flori | Manch & Book |
| | G INSULATING LAYER | | Flied FROM WARPING | March 4, 2004 |
| Art Unit 1711 | | | Examiner | T. T. Tran |
| This is a request under the pidentified application, | rovisions of 37 CFR 1. | 136(a) to extend the | period for filling a re | sply in the above |
| The requested extension and | i fee are as follows (ch | eck time period desi | red and enter the a | ppropriate fee below): |
| Fee | | | Small Entity Fe | • |
| One month (37 (| CFR 1.17(a)(1)) | \$120 | \$60 | - \$ |
| Two months (37 CFR 1.17(a)(2)) | | \$450 | \$225 | <u> </u> |
| X Three months (37 CFR 1.17(a)(3)) | | \$1020 | \$510· | \$ 1,020.00 |
| Four months (37 CFR 1.17(a)(4)) | | \$1590 | \$ 795 | <u> </u> |
| Five months (37 CFR 1.17(a)(5)) \$2160 | | | \$1080 | \$ |
| Payment by credit can X The Director has alrea | of the fee is enclosed. d. Form PTO-2038 is a dy been authorized to charge a der | attached. charge fees in this a any fees which may i | | it any overpayment, to |
| assigne Sta | Int/inventor. See of record of the entire tement under 37 CFR. Ty or agent of record. R | 3.73(b) is enclosed. | (Form PTO/SB/96 |). |
| x attorne | y or agent under 37 CF | R 1.34. | | |
| | tration number if acting ur | | 32,334 | <u> </u> |
| Tin 1 14 | may / hours | | Decemb | per 12, 2005 |
| 1 | Signature | | | Date |
| Joe | McKindey Muncy d or printed name | | (703) 205-8026 | |
| NOTE: Signatures of all the inventors than one signature is required, see be | or assignaes of record of the e | entire interest or their repres | | one Number submit muttiple forms if more |
| Total of 1 | forms are submitt | æd. | | |

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